

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

465

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

SAPC 10524
COPY 1 OF 2

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms | QUANTITY | UNIT PRICE | | AMOUNT | |
|--|-----------------------------|---|--------------------------|------------------------------------|----------------------|-----------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Costs | | | | 5,431.42 | ✓ |
| PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/> | | | | Total \$ | | 5,431.42 | ✓ |
| Shipped from _____ to _____ | | Weight _____ | Government B/L No. _____ | | | | |
| I certify that the above bill is correct and just and that payment has not been received. | | | | (Payee must NOT use this space) | | | |
| STATINTL (Sign original only) | | | | Differences _____ | | | |
| Date 10-25-56 *Payee _____ (Date not required when a like certificate is made by payee on attached bill or bills) | | | | Amount verified; correct for _____ | | 5431 42 ✓ | |
| Per _____ Title _____ | | | | (Signature or initials) | | | |
| Contract No. A101 | | Date _____ | Req. No. _____ | Date _____ | Invoice Rec'd. _____ | | |

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

B _____
APPROVING OFFICER NOV 9 1956

SIGN
ORIGINAL
ONLY

† _____

Title _____

Date _____

CONTRACTING OFFICER

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL

STATINTL

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____. Payee _____
(Sign original only)

* When a voucher is signed or approved in the name of an organization, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

Public Voucher for Purchase and
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. _____ COST REIMBURSABLE _____ Sheet No. 1 of Bureau Voucher No. 465
(Department, bureau, or establishment)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT | |
|-----------------------|-----------------------------|---|---------------|------------|-----|---------------|----------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Contract A101 - Costs applicable to all systems | | | | | |
| | | Direct Costs Properly Chargeable to Contract A101 for the period 10/8/56 thru 10/14/56 | | | | | |
| | | Labor Week Ending October 14, 1956 | | | | | |
| STATINTL | | Overhead computed for the Communications Division at interim rate of [REDACTED] | | | | | |
| STATINTL | | Other Costs - Sheet No. 2 | | | | | 918.62 ✓ |
| | | Total Labor, Overhead and Other Costs | | | | | |
| STATINTL | | G & A expense computed at interim rate of [REDACTED] | | | | | |
| | | Total Costs | | | | \$ 5,431.42 ✓ | |
| | | | | | | | STATINTL |

Public Voucher for Purchase and
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Approved For Release 2000/05/03 : CIA-RDP64-00360R000400120011-3 MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 2 of Bureau Voucher No. 465
(Department, bureau, or establishment)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT | |
|-----------------------|-----------------------------|---|---------------|------------|-----|---------------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | <u>Check No.</u> <u>Payee</u> <u>P.O. No.</u> | | | | <u>Amount</u> | |
| | | 811 MCFAD / MITCH 29423 | | | | - 4.95 | |
| | | 811 MCFAD / MITCH 29423 | | | | 4.95 | |
| | | 811 MCFAD / MITCH 29423 | | | | 529.65 | |
| | | 795 DALE PROD 29861 | | | | 22.26 | |
| | | 795 DALE PROD 29878 | | | | 23.28 | |
| | | 811 MCFAD / MITCH 29423 | | | | 94.05 | |
| | | 658 R S ELEC 29789 | | | | 138.60 | |
| | | 671 CAMLOC 29398 | | | | 26.22 | |
| | | 751 THERM/O/N 29582 | | | | 40.50 | |
| | | 751 THERM/O/N 29647 | | | | 15.00 | |
| | | 693 ALLOY SPOT 29356 | | | | 12.00 | |
| | | 693 ALLOY SPOT 29477 | | | | 7.50 | |
| | | 719 HOLLY RADIO 29929 | | | | 9.56 | |
| | | Total | | | | 918.62 | ✓ |